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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 009600003		CITY OR TOWN BEI	RNARDSTON
APPLICATION FOR RENEWAL:	Annual	LICENSED 1	FOR 2013
	CLASS		YEAR
LICENSEE NAME: FALLTOWN SPIR	ITS, INC.		
DOING BUSINESS A			
ADDRESS 77 CHURCH STREET			
CITY/TOWN: BERNARDSTON	STATE: MA	ZIP CODE: 013	337
MANAGER: STREETER, DAVIDTYP	'E OF LICENSE: Pa	ckage Store CATEC	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS	ES:		
GROUND FLOOR CONSISTS OF ONE	LIQUOR STORE E	NTRANCE AND EXIT	
I hereby certify and swear under penalties	of perjury that:		
1. the renewed license will be of t	the same type for the	e same premises now licen	sed;
2. the licensee has complied with	all laws of the Com	monwealth relating to taxe	es; and
3. the premises are now open for	business (If not expl	ain below)	
SIGNED BY			
Individual, Partner	or Authorized Corp	orate Officer	
DATE: TELEPHON	E MI IMBED.	EMPLOYER IDEN	TIFICATION NUMBER:
TELEFHON	E NUMBER.		l Social Security Number)
			•
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	009600005		CITY OR TOWN	BERNARI	OSTON
APPLICATION FOR F	RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: J	PK CORNER COU	NTRY STORE, IN	IC.		
DOING BUSINESS A	THE COUNTRY C	CORNER			
ADDRESS 44 CHURC	TH STREET				
CITY/TOWN: BERN	ARDSTON	STATE: MA	ZIP CODE:	01337	
MANAGER: KLEIN	, JEFFREY P.TYPE	E OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	ES:			
TWO FLOORS, 5 ROOFFOR REFRIGERATOR		OMS DOWN AN	D CELLAR USED F	OR COMPR	RESSORS
3. the premises	are now open for be	usiness (If not exp	, 	o taxes; and	
1	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		CION NUMBER: Security Number)
Please Check Below: APPROVED:			LOCAL LICENS By:	ING AUTH	ORITY
DISAPPROVED:			By.		
(If disapproved explain)				
DATE:					



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LICENSE NUMBER: U	J9600006		CITY	ORTOWN	DEKNAKL	SION
APPLICATION FOR R	ENEWAL:	Annua	ા	LICEN	ISED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: B	ERNARDSTON	I VETERANS C	ORGANIZAT	ΓΙΟΝ, INC.		
DOING BUSINESS A						
ADDRESS 16 HARTW	ELL STREET					
CITY/TOWN: BERNA	ARDSTON	STATE:	MA Z	IP CODE:	01337	
MANAGER:	TY	PE OF LICENS	SE:Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL AD	DRESS		
DESCRIPTION OF LIC						
SINGLE FLOOR BUIL STORAGE AND BAR,		ITCHEN,MEN'S	S ROOM; LA	ADIES ROOM	M,MEETING	ROOM;
I hereby certify and swe	ar under penaltie	es of perjury that	:			
1. the renewed	license will be o	f the same type f	for the same	premises now	licensed;	
2. the licensee l	nas complied wit	th all laws of the	Commonwe	alth relating	to taxes; and	
3. the premises	are now open fo	or business (If no	t explain bel	ow)		
SIGNED BY	ndividual, Partne	er or Authorized	Corporate C	Officer		
DATE:	TELEPHO	NE NUMBER:			R IDENTIFICAT dividual Social S	
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building i	nspector and th	e head of th	e fire depart	ment for the	above
Please Check Below:			LO	CAL LICEN	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						
APPLICATION FOR RENEWAL	MUST BE FILED BY	LICENSEES DURING	THE MONTH C	F NOVEMBER (N	M.G.L. Ch. 138 \$ 10	5A)



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LICENSE NUMBER:	009600007		CITYOR	IOWN	DEKNAKI	DSTON
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	CRUMPIN-FOX	CLUB, INC.				
DOING BUSINESS A						
ADDRESS 87 PARM	ENTER					
CITY/TOWN: BERN	NARDSTON	STATE: M	A ZIP C	ODE:	01337	
MANAGER:	TY	PE OF LICENSE:	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OUR V	WEBSITE AND ENTER YOU	R EMAIL ADDRESS			_
DESCRIPTION OF L	ICENSED PREM	ISES:				
MAIN FLOOR, LOUNAREA	NGE AREA AND	VERANDA AND	PATIO. DOW	NSTAIR	S LOCKER	ROOM
I hereby certify and sw	ear under penaltie	s of perjury that:				
1. the renewed	d license will be of	f the same type for t	the same prem	ises now	licensed;	
2. the licensee	has complied wit	h all laws of the Co	mmonwealth	relating to	taxes; and	
3. the premise	s are now open fo	r business (If not ex	xplain below)			
SIGNED BY	Individual, Partne	er or Authorized Co	rporate Office	r		
DATE:	TELEPHON	NE NUMBER:				TION NUMBER: Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building ir	nspector and the h	ead of the fire	e departr	nent for the	above
Please Check Below:			LOCAL	LICENS	ING AUTH	ORITY
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explain	1)					_
DATE:			-			
APPLICATION FOR RENEWA	AL MUST BE FILED BY	LICENSEES DURING TH	E MONTH OF NOV	/EMBER (M	.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 009600008		CITY OR TOWN	BERNARDSTON
APPLICATION F	FOR RENEWAL:	Annual		NSED FOR 2013
LICENSEE NAM DOING BUSINES ADDRESS 199 H CITY/TOWN: B	SS A BELLA NO	CLASS TTE RISTORANTE DAD STATE:		YEAR 01337
MANAGER: CI	ECUNJANIN, BAZ	TYPE OF LICENSE		CATEGORY: All Alcohol
EMAIL ADDRES	SS:			
I hereby certify an 1. the ren 2. the lice	HREE MAIN ROO and swear under pen newed license will be ensee has complied	OMS AND STORAG alties of perjury that: be of the same type for	r the same premises nov Commonwealth relating	
SIGNED BY	Individual, Pa	artner or Authorized (Corporate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, sign	ned by the building	ng inspector and the	head of the fire depar	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved ex			LOCAL LICEN By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	009600009		CITY OR TOW	N DEKNAKI	DSTON
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	JESSE ARRON COR	P.DRIVE-IN, INC	2.		
DOING BUSINESS A	FOUR LEAF CLOV	VER RESTAURAN	NT		
ADDRESS 19 SOUTH	H STREET				
CITY/TOWN: BERN	NARDSTON	STATE: MA	ZIP CODE:	01337	
MANAGER: SNOW	, MARK E. TYPE	OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISE	S:			
ONE FLOOR, NO CE	LLAR PLUS A DINI	NG ROOM			
I hereby certify and sw	vear under penalties of	f perjury that:			
	d license will be of the		=		
	has complied with a			g to taxes; and	
3. the premise	es are now open for bu	isiness (If not expla	ain below)		
SIGNED BY					
	Individual, Partner of	Authorized Corpo	orate Officer		
DATE.					
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICATION INDICATION SOCIAL SECTION S	
			(c.ssss <u>1.01</u>	marviduai Sociai i	security (values)
We the undersigned,					
Acts of 2004, signed named license and (2					
of 2010.	,	•	•		
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:			-		
D111L.					



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LICENSE NUMBE	R: 009600011		CITY OR TOWN	BERNARD	STON
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME:	A 1 Limited, LLC				
DOING BUSINESS	A Antonio's II Pizza				
ADDRESS 1 SOUT	'H STREET				
CITY/TOWN: BEI	RNARDSTON	STATE: MA	ZIP CODE:	01337	
MANAGER: Card	lin, Clayton TYPE C	OF LICENSE: Re	estaurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR F	CMAIL ADDRESS		-
	LICENSED PREMISES				
TWO FLOORS, CE SECOND FLOOR:	LLAR, 1ST FL. FOR DI STORAGE	NING, RESTRO	OM, KITCHEN, W	ALK IN COC	OLER,
I hereby certify and	swear under penalties of p	perjury that:			
	ved license will be of the	• •	-		
	see has complied with all		· ·	to taxes; and	
3. the premi	ises are now open for bus	iness (If not expl	lain below)		
SIGNED BY	Individual Doutnon on	Authorized Com	anata Officer		
	Individual, Partner or A	Aumorizea Corp	orate Officer		
DATE:			EMBLOVE		ION MILMDED
DATE.	TELEPHONE N	UMBER:		R IDENTIFICAT dividual Social S	
			· · · · · · · · · · · · · · · · · · ·		,
Acts of 2004, signe	ed, attest that we are in pled by the building inspect (2) the certificate of liqu	tor and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	oin)				
(If disapproved expl	am)				
DATE:					



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LICENSE NUMBER: 00960	00012	C	ITY OR TOWN	BERNARD	STON
APPLICATION FOR RENE	EWAL:	Annual	LICENS	SED FOR 20	13
		CLASS			YEAR
LICENSEE NAME: FARM	M TABLE LLC				
DOING BUSINESS A FAR	RM TABLE				
ADDRESS 219 SOUTH ST	REET				
CITY/TOWN: BERNARD	STON STA	TE: MA	ZIP CODE:	01337	
MANAGER: MENKE, BI	RETT TYPE OF LI	CENSE: Restau	ırant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE A	LSO VISIT OUR WEBSITE AND	ENTER YOUR EMAII	ADDRESS		1
DESCRIPTION OF LICEN	SED PREMISES:				
I hereby certify and swear un	nder penalties of perju	y that:			
1. the renewed licer	nse will be of the same	type for the sar	ne premises now	licensed;	
2. the licensee has c	complied with all laws	of the Commor	wealth relating to	taxes; and	
3. the premises are	now open for business	(If not explain	below)		
SIGNED BY					
Indiv	idual, Partner or Autho	orized Corporat	e Officer		
DATE:	TELEPHONE NUME	BER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social So	ecurity Number)
We the undersigned, attes	t that we are in nesse	ccion (1) the co	ertificata require	nd by Chante	or 304 of the
Acts of 2004, signed by the					
named license and (2) the of 2010.	certificate of liquor li	ability insurai	nce required by (Chapter 116	of the Acts
Please Check Below:]	LOCAL LICENS	ING AUTHO	ORITY
APPROVED:]	Ву:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					
APPLICATION FOR RENEWAL MUS	T BE FILED BY LICENSEES I	OURING THE MONT	TH OF NOVEMBER (M.	.G.L. Ch. 138 \$ 16	(A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	009600013		CIT	ORIOW	N DEKNARL	SION
APPLICATION FOR I	RENEWAL:	Annual	l	LICI	ENSED FOR 20)13
		CLASS	S			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 219 SOUT		R SHOP, LLC				
CITY/TOWN: BERN		STATE:	MA Z	ZIP CODE:	01337	
						A 11 - A 1 1 1
MANAGER: TOZLO	JSKI, BARRETYP	E OF LICENSI	E:Package	Store	CATEGORY:	All Alconol
EMAIL ADDRESS:						
DESCRIPTION OF LI	EASE ALSO VISIT OUR WEI		OUR EMAIL AD	DRESS		
562 SF SPACE ON FILLOCATED IN THE FILLOCATED IN THE FILLOCATED OF PREMISES	RST FLOOR. COM	PRISED OF TEMISES AND	113 SF ST	ORAGE SI	PACE COMPRI	SED OF
2. the licensee 3. the premises	license will be of the has complied with a sare now open for be	all laws of the	Commonwe	alth relatin		
SIGNED BY	Individual, Partner	or Authorized (Corporate C	Officer		
DATE:	TELEPHONE	NIIMBER:		EMPLOY	YER IDENTIFICAT	TON NUMBER:
	132311311			(Note: NOT	Individual Social S	ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LO By:		NSING AUTHO	ORITY
DATE:			_			